STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation

| Return to: Secretary of State, 500 E. | Capitol, Pierre, SD 57501- | 5077 | |
|---|---|---|--|
| 1 TITLE OF NEWSPAPER | | 2. DATE 4-24-2011 | |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH | DD III II II I | NUAL SUBSCRIPTION | |
| | PRICE | \$35 + 345 | |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) | | | |
| (Not printers) De 2 v 100 Culation See 57734 | | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTER | S OR GENERAL BUSINES | S OFFICES OF THE | |
| DUDI ICHER (Not printers) | | | |
| 6. FULL NAME OF PUBLISHER: 1 CE ADDE ATCHOR | | | |
| 7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more or names and addresses of the individual owners must be given. If of | be stated and list on the back | 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| and address, as well as that of each individual must be given. FULL NAME | COMPLETE MAILING ADDRESS | | |
| Let Anne Archer Box 50 | KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITIES (If there are none, so | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MO state. If more space is needed, list on back of this form. | ORTGAGES OR OTHER SE | CURITIES (If there are none, so | |
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| CITICALS SICIE Dance | AVERAGE NO. COPIES | ACTUAL NO. COPIES | |
| 9. EXTENT AND NATURE OF CIRCULATION | EACH ISSUED PRECEDING 12 MONTHS | ISSUED NEAREST TO FILING DATE | |
| A.TOTAL NO. COPIES (Net Press Run) | 105Û | 650 | |
| B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and | 130 | 130 | |
| counter sales. 2. Mail Subscription | 2 [7] | 21 | |
| (Paid and or requested) | 205 | | |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 485 | 491 | |
| D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | 39 | 39 | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | 2 | 2 | |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | am 531 | e gan 532 | |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | 5000012 | 4 500000 118 | |
| 2. Return from News Agents | | | |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run | 650 | 450 | |
| Statement must be signed by Publisher, Business Mana | ger, or Owner in the pres | ence of a Notary Public | |
| I swear that the statements made by me are true, c | correct, and complete: | | |
| Lelline archer | - ULOVILO (Title) | | |
| (Signature) | _ | (Title) | |
| Ctata of Couth Dokota | Sworn to before me this Z | A day of Jept, 2011 | |
| § minimining. | _ Imanda | otary Public | |
| County of Hamin) | | | |
| County of Hamin (Seal) (Seal) Form: SOS REC 051 7/2004 | My commission expires: | September 19, 20 | |
| I Sent | | | |
| Form: SOS REC 051 7/2004 | Willia. | | |